FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017193 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Telephone Assn. PAC Date Received **ELECTRONICALLY FILED** 11/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 208 W 14th Street Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Dave NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Osborn CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 208 W 14th Street STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 208 W 14th Street MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 472-1183 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 September 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Telephone Assn.	PAC			0001719	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	0. Maranas	A Cumperted			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	I O POLITICAL CONTRIBU OR GUARANTEES OF L ADE ELECTRONICALLY qualifies for the higher itemiz	OANS, ÒR ′)	\$	294.00
	2. TOTAL POLITICA			\$	294.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDIT	URES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	5,500.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	88,135.00	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	0.00	
6 AFFIDAVIT	I			I	
		true and co	affirm, under penalty of pe orrect and includes all infor 15, Election Code.		
			Mr. Dav	ve Osborn	
			Signature of Ca		surer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, t	his the	day
of	_, 20, to certify \	vhich, witness my hand a	nd seal of office.		
Signature of officer ad	ministering oath	Printed name of officer a	dministering oath	Title of o	fficer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

8 Filer ID 00017193	(Ethics Commission Filers)	
00017193		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
	\$ 294.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
SCHEDULE B: PLEDGED CONTRIBUTIONS		
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		
	\$	
RGANIZATION	\$	
	\$	
	\$ 5,500.00	
	\$	
IS	\$	
	\$	
IS	\$	
ETURNED	\$	
	RGANIZATION RIS	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
,	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/2 Rpt: 4/5	Texas Telephone Assn. PAC 00017193				
4 Date	5 Payee name				
10/07/2024	Donna Campbell Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	P.O. Box 171002				
- Formanditure Const					
Expenditure from corporate funds	San Antonio, TX 78217				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	Continuutori				
O Complete ONLY if direct	Candidate/Officeholder name Office sought				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Data	Para a sana				
Date	Payee name				
10/07/2024	Jeff Leach Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 866186				
Expenditure from					
corporate funds	Plano, TX 75086				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Continuutori				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	· ·				
Data					
Date	Payee name				
10/07/2024	Todd Hunter Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	445 Cape Henry				
Expenditure from					
corporate funds	Corpus Christi, TX 78412				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Contribution				
Complete CAU V if direct	Condidate/Officeholder name Office cought				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
•					
Tarana a ramar dala al lace Tre in est	11. 0				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 5/5	Texas Telephone Assn. PAC 00017193
4 Date	5 Payee name
10/07/2024	Will Metcalf Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P,O, Box 454
Expenditure from corporate funds	Conroe, TX 77305
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1